

*Jackson*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b> <i>Rosa Robinson</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Rosa Robinson</i> <span style="float: right;">10/27/05</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Art            Frank Albright, Warden            Julia Tutwiler Prison for Women            8966 U.S. Hwy 231 North            Wetumpka, AL 36092</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><i>2:05cv991 (cmp + order 40 days)</i></p> <p>2. Article Number <span style="float: right;">7005 1160 0001 2962 2680</span>            (Transfer from service label)</p> <p>PS Form 3811, August 2001 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

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<p>1. Art            Alex Amoomu, COI            Julia Tutwiler Prison for Women            8966 U.S. Hwy 231 North            Wetumpka, AL 36092</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><i>2:05cv991 (cmp + order 40 days)</i></p> <p>2. Article Number <span style="float: right;">7005 1160 0001 2962 2697</span>            (Transfer from service label)</p> <p>PS Form 3811, August 2001 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

SCANNED  
 DMW 10/28 11:43

**Jackson**

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<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p>A. Signature <b>x Rosa Robinson</b></p><p>B. Received by (Printed Name) <b>Rosa Robinson</b></p></div><div style="width: 35%;"><p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p><p>C. Date of Delivery <b>10/27/05</b></p></div></div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Art <b>Cynthia Wheeler, Captain</b> <b>Julia Tutwiler Prison for Women</b> <b>8966 U.S. Hwy 231 North</b> <b>Wetumpka, AL 36092</b></p>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</div><div><input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</div></div> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>2:05cv991 (comp + order 4008)</b></p>		<p><b>7005 1160 0001 2962 2703</b></p> <p>Domestic Return Receipt</p>	

PS Form 3811, August 2001 102595-02-M-1540